Doc 31 Case 09-70030-hdh7 Filed 03/19/09 Entered 03/19/09 16:09:30 Desc Main B22A (Official Form 22A) (Chapter 7) (12/08)

In re: George Patrick Sulima

Case Number: 09-70030-hdh7

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According to the information required to be entered on this statement
(check one box as directed in Part I, III, or VI of this statement):
☐ The presumption arises.
The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION **AMENDED**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS						
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).						
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.						
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends.						
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or National Guard						
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy						
	case was filed;						
	OR						
	 b.						

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	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION							
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.							
	All figures must reflect average monthly income receive	ed from all sources,	derived	Column A	Calumn D			
	during the six calendar months prior to filing the bankru of the month before the filing. If the amount of monthly months, you must divide the six-month total by six, and	income varied durin	ng the six	Column A Debtor's Income	Column B Spouse's Income			
	appropriate line.			liicome	ilicollie			
3	Gross wages, salary, tips, bonuses, overtime, com	missions.		\$3,333.33				
4	Income from the operation of a business, profession. Line a and enter the difference in the appropriate column more than one business, profession or farm, enter agg details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details of the business expenses entered on Line b as a details of the business expenses entered on Line b as a details of the business expenses entered on Line b as a details of the business expenses entered on Line b as a details of the business expenses entered on Line b as a detail of the	on, or farm. Subtra mn(s) of Line 4. If your pregate numbers and than zero. Do not	ou operate d provide					
	a. Gross receipts	\$0.00						
	b. Ordinary and necessary business expenses	\$0.00						
	c. Business income	Subtract Line b fro	m Line a	\$0.00				
5	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 5. Do not include any part of the operating expenses Part V. a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	ot enter a number le	ess than zero. as a deduction in	\$0.00				
6	Interest, dividends, and royalties.			\$0.00				
7	Pension and retirement income.			\$0.00				
8	Any amounts paid by another person or entity, on a expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate main paid by your spouse if Column B is completed.	, including child su	pport paid for	\$0.00				
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compensations spouse was a benefit under the Social Security Act, do compensation in Column A or B, but instead state the a Unemployment compensation claimed to be a benefit under the Social Security Act	ation received by you	u or your of such	\$0.00				
	Income from all other sources Specify source and	amount If necessa	ry list additional					
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
	a. Gambling		\$479.38					
	b.							
	Total and enter on Line 10	-		\$479.38				

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Document B22A (Official Form 22A) (Chapter 7) (12/08) Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, 11 \$3,812.71 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add 12 Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been \$3,812.71 completed, enter the amount from Line 11, Column A. Part III. APPLICATION OF § 707(b)(7) EXCLUSION Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 13 \$45,752.52 and enter the result. Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy 14 court.) a. Enter debtor's state of residence: Texas b. Enter debtor's household size: \$52,878.00 Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not 15 arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.) Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2) 16 Enter the amount from Line 12. Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional 17 adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a. b. c. Total and enter on line 17. Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This 19A information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards 19B for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members under 65 years of age Household members 65 years of age or older Allowance per member a2. Allowance per member a1. h1 Number of members b2. Number of members

c2.

Subtotal

Subtotal

c1.

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20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.							
Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO. [a.] IRS Housing and Utilities Standards; mortgage/rental expense								
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42						
	C.	Net mortgage/rental expense	Subtract Line b from Line a.					
Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:								
	You	al Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of wheth rating a vehicle and regardless of whether you use public transportation.						
22A		ck the number of vehicles for which you pay the operating expenses or for included as a contribution to your household expenses in Line 8.						
If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.							
	a. b.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as						
	0.	stated in Line 42						
c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.								

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	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.								
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation								
	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); en Average Monthly Payments for any debts secured by Vehicle 2, as stated in L	ine 42; subtract Line b from							
24	Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS	THAN ZERO.							
	a. IRS Transportation Standards, Ownership Costs								
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42								
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.							
	Other Necessary Expenses: taxes. Enter the total average monthly experfederal, state, and local taxes, other than real estate and sales taxes, such as								
25	employment taxes, social-security taxes, and Medicare taxes. DO NOT INCL SALES TAXES.								
	Other Necessary Expenses: involuntary deductions for employment. E payroll deductions that are required for your employment, such as retirement								
26	and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH								
	CONTRIBUTIONS. Other Necessary Expenses: life insurance. Enter total average monthly processed in the contract of the contrac	premiums that you actually hav							
27	for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INS DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSUR	URANCE ON YOUR							
28	Other Necessary Expenses: court-ordered payments. Enter the total more required to pay pursuant to the order of a court or administrative agency, such payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS II	h as spousal or child support							
	Other Necessary Expenses: education for employment or for a physical Enter the total average monthly amount that you actually expend for educatio								
29	employment and for education that is required for a physically or mentally cha								
	whom no public education providing similar services is available.	and that was a strally assessed as							
30	Other Necessary Expenses: childcare. Enter the total average monthly am childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT IN EDUCATIONAL PAYMENTS.								
31	Other Necessary Expenses: health care. Enter the total average monthly on health care that is required for the health and welfare of yourself or your de								
	reimbursed by insurance or paid by a health savings account, and that is in earline 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OF	xcess of the amount entered							
	ACCOUNTS LISTED IN LINE 34.	K HEALTH SAVINGS							
	Other Necessary Expenses: telecommunication services. Enter the total								
32	you actually pay for telecommunication services other than your basic home t servicesuch as pagers, call waiting, caller id, special long distance, or intern								
32	necessary for your health and welfare or that of your dependents. DO NOT If								
20	PREVIOUSLY DEDUCTED.	harring 22							
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 to								
	Subpart B: Additional Living Expense Note: Do not include any expenses that you have	e listed in Lines 19-32	Γ						
	Health Insurance, Disability Insurance, and Health Savings Account Exp expenses in the categories set out in lines a-c below that are reasonably necesspouse, or your dependents.								
34	a. Health Insurance								
34	b. Disability Insurance c. Health Savings Account								
	Total and enter on Line 34								
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your act	tual total average monthly							
	expenditures in the space below:	iota. a. orago monany							
									

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35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that									
36	you a Serv	ection against family violence. En actually incurred to maintain the saffices Act or other applicable federal idential by the court.	ety of your family under the Far	mily Vio	lence Prevent	ion and	s that			
37	Loca PRO	ne energy costs. Enter the total avail Standards for Housing and Utilities VIDE YOUR CASE TRUSTEE WIT TOEMONSTRATE THAT THE AD	s, that you actually expend for I H DOCUMENTATION OF YOU	home e JR ACT	nergy costs. ` UAL EXPENS	YOU MUS ES, AND	ŠT YOU			
Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.										
39	cloth IRS I at w	itional food and clothing expense ing expenses exceed the combined National Standards, not to exceed www.usdoj.gov/ust/ or from the clerk of ITIONAL AMOUNT CLAIMED IS R	d allowances for food and clothing the state of those combined allowance of the bankruptcy court.) YOU	ing (app ces. (Th MUST I	parel and servi	ices) in th is availat	e ole			
40		tinued charitable contributions. or financial instruments to a charita					n of			
41 Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.										
		Sı	bpart C: Deductions for De	ebt Pa	yment					
	you or Payr the to follow	The payments on secured claims. The payments on secured claims. The payments and check whether the payments of all amounts scheduled as cowing the filing of the bankruptcy case. Enter the total of the Average Mo	fy the property securing the detent includes taxes or insurance. ntractually due to each Secured e, divided by 60. If necessary,	ot, state . The A d Credit	the Average verage Month tor in the 60 m	Monthly lly Payme lonths	nt is			
42		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does poinclude or insu				
	a.				-	□yes	□no			
	b.					□yes	□no			
	C.			<u> </u>		yes	no			
					al: Add es a, b and c.					
	Otho	or novmente en coeured eleime	If any of the debte listed in Lin			(OUR Prime) r. (
Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents,										
you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.										
		Name of Creditor	Property Securing the D	ebt	1/60th of th	ne Cure A	mount			
	a.									
	b.									
	C.				Total: Add I	Lines a. b	and c			
I	\Box					,		1		

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44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy								
		J. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET							
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.								
	a.	Projected average monthly chapter 13 plan payment.							
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) **Box Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b								
46	Tota	al Deductions for Debt Payment. Enter the total of Lines 42 through 45.							
		Subpart D: Total Deductions from Ir	ncome						
47	Tota	al of all deductions allowed under § 707(b)(2). Enter the total of Lines 3	33, 41, and 46.						
		Part VI. DETERMINATION OF § 707(b)(2) F	PRESUMPTION						
48	Ente	er the amount from Line 18 (Current monthly income for § 707(b)(2))							
49	Ente	er the amount from Line 47 (Total of all deductions allowed under § 70	7(b)(2))						
50	Mon	athly disposable income under § 707(b)(2). Subtract Line 49 from Line 4	8 and enter the result.						
51		nonth disposable income under § 707(b)(2). Multiply the amount in Line result.	e 50 by the number 60 and						
	Initia	al presumption determination. Check the applicable box and proceed as	s directed.						
	_	The amount on Line 51 is less than \$6,575. Check the box for "The prethis statement, and complete the verification in Part VIII. Do not complete	· · · · · · · · · · · · · · · · · · ·	p of page 1 of					
52	☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.								
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).								
53	Ente	er the amount of your total non-priority unsecured debt							
54	Thre	eshold debt payment amount. Multiply the amount in Line 53 by the number	per 0.25 and enter the result.						
	Sec	ondary presumption determination. Check the applicable box and proc	eed as directed.						
55	_	The amount on Line 51 is less than the amount on Line 54. Check the top of page 1 of this statement, and complete the verification in Part VIII.	box for "The presumption does n	ot arise" at the					
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.								

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Part VII:	ADDITIONAL	EXPENSE	CL AIMS
I all VII.	ADDITIONAL		

		Part	VII: ADDITIONAL	EXPENSE CLAIMS						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.									
56		Ex	pense Description		Monthly Amount					
	a.									
	b.									
	C.									
			T	otal: Add Lines a, b, and c						
			Part VIII: VER	IFICATION						
	l	clare under penalty of perjury that the is is a joint case, both debtors must	•	in this statement is true and c	orrect.					
57		Date: 03/17/2009	_ Signature:	/s/ George Patrick Sulima						
		Date:	_ Signature:							
		·		(Joint Debto	r, if any)					

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Current Monthly Income Calculation Details

In re: George Patrick Sulima Case Number: 09-70030-hdh7

\$0.00

Chapter: 7

3. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (escription (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month	

Debtor Solitaire Homes Inc

\$0.00 \$10,000.00 \$10,000.00 \$0.00 \$0.00 \$0.00 **\$3,333.33**

\$0.00

\$0.00

\$0.00

\$479.38

10. Income from all other sources.

Debtor or Spouse's Income	Description (Description (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	Gambling	•	•	•			'

\$1,650.00

\$1,226.25